**General Information**

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| --- | --- |
| **Chapter officer who will be main point of contact during planning of chartering ceremony**  (List name, phone, email address) |  |
| **Name of Developing Honor Society** |  |
| **Institutions of Higher Learning to be affiliated with official STTI chapter**  (List each campus and location, including campus headquarters, if applicable) |  |
| **Permanent address of the chapter**   * NOT a P.O. Box (street address is needed for shipping purposes) * Include university name & school of nursing/department name |  |
| **Honor Society/Chapter Website URL** |  |
| **Chapter contact person**  (List name, contact address, phone number. **This person will be listed in the public chapter directory.**) |  |
| **Dean(s) of the School(s) of Nursing**  (List name, title, email address, mailing address) |  |
| **Degrees offered**   * **Undergraduate** * **Graduate** * **Post-graduate** |  |
| **Confirmation of Membership Fees** | **STTI Fee**  (check one)  High-income Country \_\_\_ $73.00 (was $65)  Middle-income Country \_\_\_ $29.20 (was $26)  Low-income Country \_\_\_ $14.60 **(was $13)**  **+**  **Chapter Fee**  All fees must be listed in US Dollars.    Chapter Induction Fee US$\_\_\_\_\_\_\_\_\_\_\_\_  (Renewal fee, if different= US$\_\_\_\_\_\_\_\_\_)  **= Total membership fee US$\_\_\_\_\_\_\_\_\_\_\_\_**  **Additional fees (optional):**  Ceremony fee=US$\_\_\_\_\_\_\_\_\_\_\_\_\_  Guest fee=US$\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

**Updated officer information**

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| --- | --- | --- | --- | --- | --- | --- |
| **Position** | **Term Dates** | **Name** | **STTI member #**  **(if applicable)** | **Email address** | **Mailing address** | **Phone number** |
| **President** |  |  |  |  |  |  |
| **President-Elect (optional)** |  |  |  |  |  |  |
| **Vice President** |  |  |  |  |  |  |
| **Secretary** |  |  |  |  |  |  |
| **Treasurer** |  |  |  |  |  |  |
| **Counselor** |  |  |  |  |  |  |
| **Governance Chair** |  |  |  |  |  |  |
| **LSC Chair** |  |  |  |  |  |  |

*(add rows as necessary)*

**Chartering information**

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| --- | --- |
| **Confirmation of Chartering Date** |  |
| **Time of ceremony**   * Include your time zone * If exact time in not yet know, please indicate morning, afternoon, or evening |  |
| **Location of Chartering Ceremony**   * include name of building, room name/#, address * attach map/driving directions from hotel and/or airport |  |
| **Will there be a reception or dinner following the ceremony? Please provide details.** |  |
| **When would you like the chartering officer to arrive?** |  |
| **Would you like to have a rehearsal/run-through of the program 2-3 hours prior to the ceremony?** |  |
| **Coat-of-Arms plaque information**   * A brass plate will be engraved with your specific chapter name, university/college name, school of nursing name (optional), and chartering date. See sample below.   ***Sample***  Sigma Sigma Chapter  ABC University, School of Nursing  31 May 1968   * If at-large chapter, list each school name on a separate line. If there are several schools, more cost may be incurred.   (Most at-Large groups order a separate plaque for each school officially affiliated with the chapter.) | * Enter your chapter’s specific information for the engraving on each line below.   Line 1—  Line 2—  Line3— |
| **How many plaques would you like to have?**   * Each new chapter will receive a plaque. * The first plaque is at no cost. Additional plaques are available for purchase. Approximate cost is US $120.00. * You will receive an invoice approximately 4 weeks prior to your charter date. The invoice will include your US$450 chartering fee and fees for any additional plaques ordered. |  |
| **Name of closest international airport**  **Distance to chartering ceremony location** |  |
| **Name of closest regional airport**  **Distance to chartering ceremony location** |  |
| **Name, address, and phone # of 3 hotels near ceremony location** |  |
| **Please provide directions/details about parking.** |  |
| **Will chapter transport chartering officer to and from airport/hotel?**  **Should chartering officer get a rental car?** |  |
| **Additional information that would be helpful to the chartering officer** (parking information, link to campus map, link to community map, info about ceremony, info about reception/dinner, etc) |  |

**Additional Information Needed** (U.S. chapters only)

Please return the following:

* Completed SS-4 Form (please send the original form via registered mail or UPS/FedEx with tracking)

--This will be processed by STTI headquarters and sent to the IRS to obtain your EIN #.

--You will need the EIN # to change bank account information/open new accounts and for completing IRS Form 990 each year.

--Once processed, the IRS will mail the EIN # directly to the chapter (at the address listed on the SS-4 Form). Be sure someone at the address you designate is available to receive the IRS letter and send copies to the chapter leadership.

--You will want to have multiple copies on file electronically and in hard copy. The EIN# shall be passed on to future chapter leaders at each transition.